



WELLS FARGO FLEX BENEFIT SERVICES

381 East Broadway #110, Salt Lake City, UT 84111

Website: www.wffbs.com

Phone: (800) 473-0926

Fax: (801) 246-3750, Toll Free Fax: (888) 824-3868



Direct Deposit Form

Company Name			Employee Social Security Number
Employee Last Name	First Name	M.I.	Daytime Telephone Number

As a participant in your company's Flex Benefit Plan, you may choose to have reimbursements directly deposited to your bank account. If you bank with *Wells Fargo*, funds will be deposited to your bank account on the day after the claim is processed. If you bank with another financial institution, the funds may take 2-3 days to be deposited.

To enroll in the automatic deposit option for your Flex Benefit Plan, please complete the information below and forward it to *Wells Fargo Flex Benefit Services*. **Direct Deposit is faster and safer than a check. You will be notified by mail when the deposit has been processed, and with this notice you will receive a breakdown of the claim amounts paid. You are not required to have a Wells Fargo account to set up direct deposit services.**

Direct Deposit Setup / Account Change

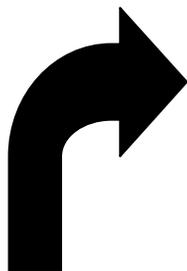
Effective Date <small>Month Day Year</small> 	Bank/C.U. Routing # <small>(9-digit number)</small> 	Personal Account # <small>(print your account # as it appears on your check)</small>
Account Type: <input type="radio"/> Checking <input type="radio"/> Savings		

Direct Deposit Cancellation

Effective Date <small>Month Day Year</small> 	I elect to cancel my direct deposit agreement with <i>Wells Fargo Flex Benefit Services</i> on the <i>Effective Date</i> listed to the left. I understand that I will thereafter receive my reimbursements in the form of a check.
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I hereby authorize *Wells Fargo Northwest, N.A. Trust Division* to directly deposit my Flexible Benefit reimbursements to the account identified above and by the attached voided check. I understand that the notice of deposit is not a guarantee that funds have been received by my financial institution. I acknowledge that this authorization is binding and may only be altered or cancelled upon written notification from me to *Wells Fargo Flex Benefit Services*.

_____ Employee Signature	_____ Date Submitted
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NOTE: Please attach a voided check. Your request for direct deposit cannot be processed without it.

